

EXAMINATION INSTRUCTIONS

(If you reside in a Nurse Licensure Compact State (such as Maryland), please see information on reverse side or page two.)

Applications completed in pencil will not be processed.

1. Complete page 1. Answer all questions, 1-9, beginning on page 1 and continued on page 2. ***All questions MUST BE ANSWERED. If it is an open-ended question and it does not apply, write N/A. If the questions requires a 'yes' or 'no' answer you must answer even though it may not apply to you. Failure to do so will result in your application not being processed..***
2. Complete the Practice Requirement and affidavit on page 3. If you plan to begin employment in Delaware before examination results are known, complete the application for a temporary permit on page 3. A permit will not be issued without an official copy of your transcripts from your school of nursing or a letter for the Nursing department of your school listing the degree you received and date of completion.
3. **An additional fee of \$30.00 along with the \$91.00 non refundable fee is required for each temporary permit request. Do not begin employment or orientation in Delaware without a temporary permit or license.** If you are offered employment after you have already submitted your application, just call the Board office at (302) 744-4515 or (302) 744-4516 for instructions.
4. Have the application notarized on page 3. It must be signed in front of the Notary.
5. Return the Delaware application with the required **non-refundable** fee of \$91.00, made payable to the (State of Delaware). **Only money orders or cashier's checks are acceptable.**
 - **You MUST attach a photocopy of your driver's license or identification card issued by the State Division of Motor Vehicles on page 4.**
6. Have your school of nursing submit to the Board of Nursing office an official transcript listing the degree you received and date of completion.
7. Complete **NCLEX** application following the directions listed in the application folder (obtain application from Board of Nursing or your school). Submit the application to Pearson / VUE Testing with a money order or cashier's check for \$200.00 made payable to NCSBN.
8. When your completed application and official transcript are at the Board office and your registration completed with Pearson / VUE Testing, the Board will make you eligible to test. You will then receive an **Authorization to Test** form from Pearson / VUE Testing. At that time you may call the number listed on the Authorization to Test form to schedule your appointment to take the examination.
9. Examination results will be mailed to you within two weeks (10 working days) of taking the examination. **Do not call Pearson / VUE Testing or the Board office to request results.** There is **no** toll free number to check results. You will receive them **only** through the mail.
10. You MUST attach a photocopy of your driver's license or identification card issued by the State Division of Motor Vehicles.

Please be aware that the Board's Rules and Regulations require that a graduate from an approved nursing program take NCLEX within 90 days of graduation. If you cannot meet this requirement, please submit a letter of explanation requesting a waiver of this rule, along with your application.

MUTUAL LICENSURE RECOGNITION INFORMATION

The following states have implemented the Nurse Licensure Compact (**Arizona, Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia or Wisconsin**). Indiana and New Jersey have also passed the Nurse Licensure Compact legislation, but have not yet established implementation dates. It is anticipated that more states will pass the legislation extending the multi-state practice privilege throughout the country.

The compact creates mutual recognition of nursing licenses among the compact states listed above. A nurse living in a compact state can practice nursing in any other compact state without obtaining a license in that state. The nurse licensure compact works like the driver's license. A driver's license allows you to drive in any compact state as long as you have obtained a license in your state of residence. **If your declared state of residence is in one of the above mentioned compact states other than Delaware, you will need to apply for licensure by examination in your state of residence.**

IF YOU LIVE IN A COMPACT STATE, the following rules apply:

- 1) The compact requires that you hold a license only in your declared state of residence to practice in all other compact states. **You must apply for licensure by examination in your home state of residence.**
- 2) If Delaware is not your declared state of residence, you need to now apply for licensure in your declared state of residence, since the licenses that you carry in other compact states will become invalid.
- 3) Should you change residence to another compact state, you will need to obtain a license in your new state of residence and relinquish the license from your previous state of residence.
- 4) If you move to a non-compact state, your license in the previous compact state will remain valid for practice only in that state. It will no longer carry the multi-state practice privilege, since you no longer live in a compact state.
- 5) You will continue to need to seek licensure in all non-compact states in which you practice.

DELAWARE BOARD OF NURSING

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CANNON BUILDING, SUITE 203
DOVER, DELAWARE 19904
302.744.4500 Fax 302.739.2712
Website: www.dpr.delaware.gov

Date Stamp

<i>FOR OFFICE USE ONLY</i>		
LIC. FEE	_____	
DDB #1	_____	DDB #2 _____
R.	V.	T.
CCL EXPIRES _____		
Nursys Verification ? _____		

APPLICATION FOR STATE LICENSURE AS A REGISTERED OR LICENSED PRACTICAL NURSE BY EXAMINATION

DO NOT COMPLETE THIS FORM IF YOU HAVE BEEN LICENSED IN DELAWARE PREVIOUSLY.

SECTION 1: PERSONAL INFORMATION (PLEASE PRINT OR TYPE ALL INFORMATION)

Name _____
Last Name First Name M. I. Maiden Name

Other Names Used _____

Current Address _____
Street City State Zip Code

Social Security Number _____ Telephone Number(s) _____

E-Mail Address _____

➤ DECLARATION OF PRIMARY RESIDENCE

I Hereby declare my State of Primary Residence to be _____.

- You **MUST** attach a photocopy of your driver's license or identification card issued by the State Division of Motor Vehicles on page 4.

Name of High School Attended _____

Address _____
Street City State Zip Code

Year Entered _____ Year Graduated _____ GED/Year Obtained _____

Name of Institution Conducting Nursing Program _____

Address _____
Street City State Zip Code

Date of Entrance into Nursing Program _____ M/YR Date of Graduation _____ M/YR

Type of Program:
Baccalaureate Degree _____
Associate Degree _____
Diploma _____
P.N. Program _____
Other Degrees Obtained _____

If graduate of non-United States nursing education program:
CGFNS # _____
Certificate Date _____ M/D/YR

SECTION 3: LICENSURE HISTORY

1.) Have you ever applied to take an examination for Registered or Practical Nurse licensure and been denied?

[] NO [] YES If yes, in which state(s) _____ When _____

2.) Have you ever taken an examination for Registered or Practical Nurse licensure and failed?

[] NO [] YES If yes, in which state(s) _____ When _____

SECTION 3: LICENSURE HISTORY (Continued)

3.) State in which licensed by examination_____

License Number _____ Year Issued _____

4.) State(s) in which currently or previously licensed_____

5.) Has any license to practice nursing ever been surrendered, suspended, revoked, probated, or otherwise disciplined? [] NO [] YES If yes, in what state(s)?_____

6.) Is any license to practice nursing currently under investigation? [] NO [] YES If yes, in what state(s)?_____

7.) Have you ever been denied licensure in Delaware or any state? [] NO [] YES If yes, in what state(s)? _____

8.) Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? [] NO [] YES
If yes, submit a certified copy of your criminal history record.

9.) Are you now dependent upon the use of alcohol, stimulants, or habit-forming drugs? [] NO [] YES
If you answered yes to questions 1 - 5, please explain below and attach the corresponding legal documents_____

SECTION 4: NURSING EMPLOYMENT HISTORY

List all nursing employers in the past five years where you have practiced as a licensed nurse.

DATE(S) M/YR - M/YR	EMPLOYER(S)	COMPLETE ADDRESS(ES) Street, City, State

ATTACH A PHOTOCOPY HERE OF YOUR CURRENT NURSING LICENSE. Your license from other State must be current throughout the entire endorsement process.

REQUIREMENTS FOR LICENSURE: The Law Regulating the Practice of Nursing in the State of Delaware, Title 24, Delaware Code, § 1910 & 1914, states that – “An applicant for a license to practice as a registered or licensed practical nurse shall submit to the Board written evidence, that such applicant:

- ♦ Is a graduate of, and holds a certificate from a State Board of Nursing approved nursing education program;
- ♦ Demonstrates competence in English related to nursing;
- ♦ Must show evidence of an earned high school diploma or its equivalent;
- ♦ Is in satisfactory physical and mental health as is consistent with the Americans with Disabilities Act;
- ♦ Has committed no acts which are grounds for disciplinary action as set forth in subsection (a) of § 1922 of this title, or if such act has been committed the Board has found after investigation that sufficient restitution has been made; and
- ♦ If seeking licensure by endorsement, demonstrates active employment in nursing in the past five years, or satisfactory completion of a refresher program with an approved agency within two years prior to filing an application. In the event no refresher course is available the Board may consider alternate methods of evaluating current knowledge in nursing.”

PRACTICE REQUIREMENT - Effective July 1, 1985, the Delaware Board of Nursing instituted a practice requirement. I meet the practice requirement because I have (You must check at least one):

- ☐ Practiced nursing AT LEAST 1,000 hours in the past five years, or
☐ Practiced nursing AT LEAST 400 hours in the past two years, or
☐ Completed Refresher Course in the past two years (submit proof), or
☐ Completed alternate supervised practice plan (submit evaluation), or
☐ Graduated from a State Board of Nursing approved nursing education program within the last two (2) years.
☐ None of the above. (Please attach written explanation)

APPLICATION FOR TEMPORARY PERMIT

Complete the temporary permit section if employment in Delaware has been offered. **DO NOT BEGIN EMPLOYMENT OR ORIENTATION IN DELAWARE WITHOUT A TEMPORARY PERMIT OR DELAWARE LICENSURE. ADVANCED PRACTICE NURSES MUST COMPLETE AN ADDITIONAL APPLICATION.**

EMPLOYER, TRAVEL AGENCY AND/OR
FACILITY: _____

DATE TO BEGIN: _____ EMPLOYER'S PHONE NUMBER: _____

NAME RECRUITER/CONTACT PERSON: _____

Permits are processed within 7 business days from the date of receipt of a completed application. Permits are mailed to the applicant and cannot be obtained at the Nursing Board office.

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

ALL APPLICATIONS MUST BE NOTARIZED

The Law Regulating the Practice of Nursing in the State of Delaware, Title 24, Delaware Code, § 1922, (a) "Grounds for Discipline", The Board may revoke or suspend any license to practice nursing, refuse a license or relicensing or otherwise discipline a licensee upon proof that a licensee or former licensee: 1. "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing."

The applicant being duly sworn says that he/she is the person referred to in the foregoing application for licensure as registered/licensed practical nurse in the State of Delaware; that he/she meets the requirements for licensure; that the statements therein contained are true and that he/she has read and understands this affidavit.

COUNTY OF _____ STATE OF _____

APPLICANT'S SIGNATURE

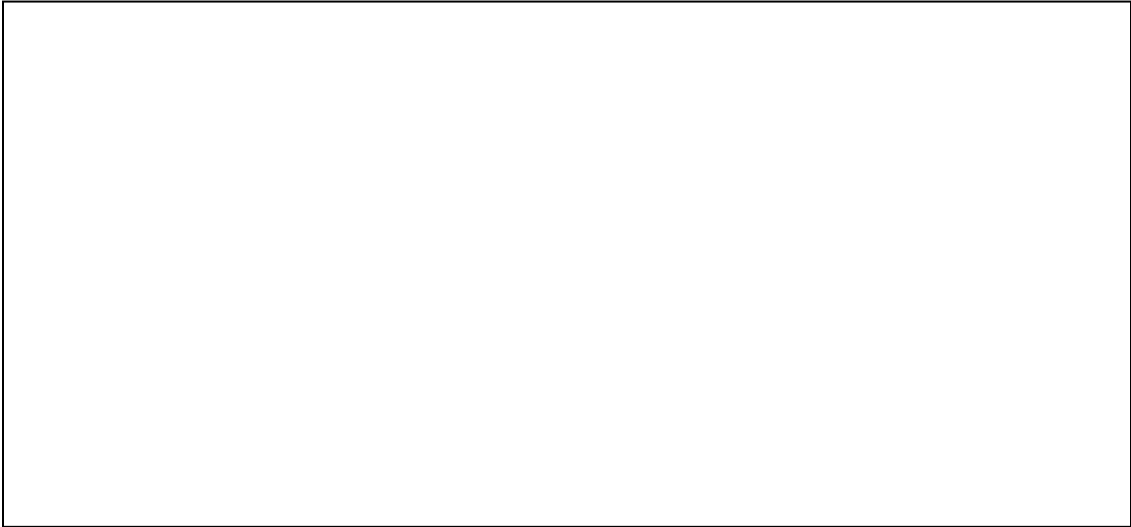
Sworn before me this _____ day of _____, 20____

Date Commission Expires: _____

Notary Public

(SEAL)

Place a copy of your driver's license or identification card issued by the State Division of Motor Vehicles here.

A large, empty rectangular box with a thin black border, intended for pasting a copy of a driver's license or identification card.

